

EXHIBIT “B”

Fill in this information to identify the case:

Debtor 1 SEARS, ROEBUCK AND CO.Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of New York

Case number 18-23537 (RDD)

Date Stamped Copy Returned
 No Self-Addressed Stamped Envelope
 No Copy Provided



182353880009915

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1E Identify the Claim

1. Who is the current creditor?	PR JACKSONVILLE LIMITED PARTNERSHIP Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Jeffrey Kurtzman, Esquire Name 401 S. 2nd Street, Suite 200 Number Street Philadelphia PA 19147 City State ZIP Code	Name Number Street City State ZIP Code	
RECEIVED MAY 23 2019 PRIME CLERK LLC	Contact phone (215) 839-1222 Contact email kurtzman@kurtzmansteady.com	Contact phone _____ Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): -----			
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>3789</u> Filed on <u>10/31/2018</u> <u>MM / DD / YYYY</u>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	\$ <u>108,290.04</u> . Does this amount include interest or other charges?
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>Lease obligations (cure claim)</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____
	 Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
	 Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
	 Amount necessary to cure any default as of the date of the petition: \$ _____
	 Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ <u>363.33</u>
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Yes. Check one:	
	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input checked="" type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(2) that applies.	\$ 108,290.04
* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.		

Part 3: Sign Below

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 05/20/2019
MM / DD / YYYY

Christiana Uy
Signature

Print the name of the person who is completing and signing this claim:

Name	Christiana	Uy
	First name	Middle name
Title	Director, Legal & Paralegal	
Company	PREIT Services, LLC	
Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	200 S. Broad Street, 3rd Floor	
	Number	Street
	Philadelphia PA 19102	
	City	State ZIP Code
Contact phone	(215) 454-1249	Email uyc@preit.com

STATEMENT

Date - 5/20/2019
Tenant No - 31889
Statement No - 902567
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Make Check
Payable To:

PR JACKSONVILLE LP
PO BOX 951696
CLEVELAND OH 44193-1696

From:

JACKSONVILLE MALL
375 JACKSONVILLE MALL
JACKSONVILLE NC 28546

To: Transform Operating Stores LLC
3333 Beverly Road, Store
Hoffman Estates IL 60179

Tenant: Sears #2755

Tenant: Sears #2755

Amount Remitted: _____
Remit top portion with payment.

DETAIL CHARGE

Jacksonville Mall

Invoice Date	Bill Code	Description	Lease	00004388	DBA: Sears #2755	Check Number
			Charges	Payments	Balance	
1/1/2010		Balance Forward			.00	
9/1/2018	HVAC	HVAC	131.67		131.67	
9/1/2018	MISC	MISCELLANEOUS INCOME	50.00		50.00	
10/1/2018	HVAC	HVAC	131.67		131.67	
10/1/2018	MISC	MISCELLANEOUS INCOME	50.00		50.00	
3/18/2019	XCAM	2018 CAM	2,565.80		2,565.80	
3/31/2019	XRE	2018 RE Reconciliation	133,764.53	(28,585.30)	105,179.23	140106942
5/1/2019	MISC	MISCELLANEOUS INCOME	50.00		50.00	
5/1/2019	HVAC	HVAC	131.67		131.67	

ACCOUNT SUMMARY

Balance Prior To	1/1/2010	.00
Plus Charges From	1/1/2010	136,875.34
Less Payments / Credits From	1/1/2010	(28,585.30)
AMOUNT DUE:		108,290.04

ACCOUNT AGING

Current	1 - 30	31 - 60	61 - 90	91 - 120	Over 120
	181.67	105,179.23	2,565.80		363.34

ADDENDUM TO PROOF OF CLAIM

The lease documents which form the basis of this claim are voluminous and will be furnished to any party requesting a copy thereof. All such requests should be made to the claimant's counsel at the following address:

Jeffrey Kurtzman, Esquire
KURTZMAN | STEADY, LLC
401 S. 2nd Street, Suite 200
Philadelphia, PA 19147
Telephone: (215) 939-1222
Email: kurtzman@kurtzmansteady.com